

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034838

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 347 Primary Registration District No. 6159 Registrar's No. 85

STATE FILE NUMBER

FILED AUG 28 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1040

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 5 Miles E. of Viola		Length of stay in 1b. years	c. CITY OR TOWN 5 miles E. of Viola
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Miles East of Viola		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) above
3. NAME OF DECEASED (Type or print) First NANCY Middle HANNAH Last SMITH		4. DATE OF DEATH Month August Day 10 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-2-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 81
11. BIRTHPLACE (City and state or country) Carroll County, Ark.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Rush Downs		13b. MOTHER'S MAIDEN NAME Sarah Ann Bergman	14. NAME OF HUSBAND OR WIFE Denton Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Audrey Bonham-Rt.1, Berryville, Ark.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Had not seen patient in the last 18 months DUE TO (b) Organic heart failure DUE TO (c) When I last saw her she had no pulse			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1-10-62</u> to <u>8-10-63</u> and last saw her alive on <u>1-10-63</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. J. Corby (Degree or title)		22b. ADDRESS Berryville, Ark.	22c. DATE SIGNED 8-14-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-13-63	23c. NAME OF CEMETERY OR CREMATORY McCullough Cemetery	23d. LOCATION (City, town, or county) Stone County, Missouri (State)
24. FUNERAL DIRECTOR Nelson Funeral Home-Berryville, Ark. ADDRESS		25. DATE RECD. BY LOCAL REG. Aug 19, 1963	26. REGISTRAR'S SIGNATURE Mary F. Stewart

USE BLACK INK OR TYPEWRITER RIBBON

AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles M. Wilson

Licensed Embalmer No. 5002

P. O. Address Benningville, Ark.

*Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.